



November/December 2003

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LATE BREAKING NEWS

Greetings!

JUST ANNOUNCED: DATES FOR THE HCAP NATIONAL GRANTEE MEETING: Mark your calendars! The HCAP National Grantee Meeting will be held in Washington, DC at the Marriott Wardman Park Hotel from January 20th through January 22nd. As stated in the HCAP guidance, attendance by two to four people from your consortium is mandatory, including your local evaluator. Further details will follow as they become available.

STAFF UPDATE: HCAP is very sad to announce the departure of our wonderful and committed Project Officer, Rick Wilk. Rick has accepted a new and exciting position as the Director of the Chicago Regional Office of Performance Review, where he will bring his many talents as well as his commitment to serving the community, to Region 5.

As we wish Rick all the best, we would like to welcome to the Healthy Communities Access Program two new Project Officers. Mike Smith and Arnette Wright will be excellent additions to the HCAP team. Our new Project Officers are excited about working with the HCAP communities and looking forward to meeting their grantees. Mike will be the Project Officer for grantees in Illinois, Indiana, Michigan, Ohio and Wisconsin. Arnette will be the Project Officer for grantees in Alabama, Florida, Kentucky, Mississippi, South Carolina and Tennessee. Please note, all Project Officer contact and assignment information has been updated in the "Contacts" section of www.capcommunity.hrsa.gov.

TA REQUEST REMINDER: Technical Assistance dollars are available to help you meet your project goals. Assess what type of TA may be beneficial to your organization, and discuss your request with your Project Officer. For general TA requests, please submit these via the grantee website online TA Request Form. Please make sure that the form is filled out correctly and completely -- listing your Primary Contact and all other requested information, including projected dates for the TA. Please allow at least two weeks for processing. Remember TA can assist your organization in accomplishing your goals!!!

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Thanks!
Diana & Amanda

CAP TA CALLS

Technical assistance calls for grantees are generally held every other Thursday from 2 to 3 PM EST. The schedule for October and November appears below. To register, search for summaries or materials from prior calls, or download materials for upcoming calls, please go to the CAP website:

www.capcommunity.hrsa.gov. Please remember that the site is password protected. Grantees should contact their primary contact to receive the password. Once you register for the call, please be sure to download the materials that will be used during the call. You should immediately receive a confirmation note by email that includes the call-in number for the call. If you have difficulty registering or do not receive the call-in number, please contact Shandy at **scampbell@mac1988.com** or call 301-468-6006 x437.

CAP TA Calls

Date

Topic

December 11

Integrating Quality Management/Quality Improvement into Evaluation

Collecting and reporting data that demonstrates the extent to which the activities of HCAP grantees will improve the effectiveness, efficiency, and coordination of services for the uninsured and underinsured individuals in the communities they serve -- and whether these activities result in the provision of better quality health care at a lower cost -- is essential for grantees in improving and informing ongoing program planning and performance. Evaluating for these improvements is most beneficial when implementing a systematic and ongoing quality management/quality improvement process. This process provides a foundation for developing evaluation methodologies that are relevant, scientifically sound, and feasible. Our featured speaker, Candi Chitty, RN, MBA/HCM, CPHQ, will provide an overview of the quality management process and how it can be used to: assess performance against grant objectives; identify opportunities for improvements; and assist as a potential tool in data collection for local evaluation and HCAP reporting requirements. The overview will be followed by a presentation of sample quality management documents that may be used to track and trend program performance.

December 18

Patient Visit Redesign

This call will focus on Patient Visit Redesign, a method of improving the way you deliver care to your patients. Redesign creates a more patient-focused visit process that can reduce waiting times, increase health access point efficiency and productivity, and improve staff and customer satisfaction. The call is critical for those planning to apply for new or additional redesign TA. The application for this TA option will be downloadable along with other materials for the upcoming call.

With the exception of calls related to legal issues, TA calls are summarized and posted on the CAP website (www.capcommunity.hrsa.gov). Legal issue briefs are posted on the site under legal issues. You may also request an audiotape copy of any previous calls (up to one month after the call) by contacting Shandy Campbell at the email above.

GRANTEE NEWS

The New York Presbyterian Hospital *New York, New York*

Congratulations to Salud a Su Alcance (SASA) the HCAP consortium, under grantee NY Presbyterian Hospital, serving Harlem, Washington Heights/Inwood, and the South Bronx. They were recently awarded two grants, one from the New York Community Trust Foundation, and the other from the United Hospital Fund. The New York Community Trust Foundation's award of \$75,000 is earmarked for the expansion of SASA's Pharmacy Assistance Program. The Pharmacy Assistance Program has provided more than \$281,937 worth of medication to 209 indigent patients since its inception in August 2002. It is also assisting its network FQHCs in establishing the federal 340B drug-pricing program. The grant will also support the use of a pharmacist to provide drug utilization review to improve medication compliance.

The United Hospital Fund's award of \$75,000 will support a new initiative that combines the technological feature of SASA's Emergency Room Utilization Management Program and the case management services of its Diabetes Management Program. SASA's proprietary event monitor software "VigiLens" was created with CAP funds in 2001 to identify frequent emergency room users for the case manager. The program will now identify hospital patients who have a Hemoglobin A1c level at 8 or above and had at least one hospital admission or more than two emergency room visits in the last twelve months. The system will trigger an alert to the case manager when patients who meet the criteria re-register in the hospital. This will allow the case manager to provide case management services to that patient in a timely manner.

This project is an expansion of SASA's existing Diabetes Management Program. This program provides a six-month intensive case management for high risk, non-compliant diabetic patients using a community health outreach worker for

home visits and care coordination, and case managers to provide continuous risk assessment and one-to-one counseling and education. The program, which adopts the concept of the Diabetes Collaborative, aims to enhance the partnership between the primary care provider, the patients, and case management services. Patient progress is tracked through the Cardiovascular Diabetes Electronic Management System (CV-DEMS) software developed by the Bureau of Primary Health Care and the Institute for Healthcare Improvement. For more information on this program, please contact Anita Lee at alee3seung@aol.com.

State of Ohio/Department of Health *Columbus, Ohio*

The Healthy Communities Access Program (HCAP) Grant is helping Ohio develop the infrastructure of the Community Care Coordination model. The grant was awarded to the Ohio Department of Health (ODH) in 2001 and has allowed development of standardized competencies for Community Health Workers (CHW) and their supervisors, training, accountability tools, and evaluation. The community health worker in this model may hold different titles depending on their employers, for example, outreach worker, community health advisor, community care coordinator, Promotoras, and peer educator. In addition, the grant has helped to foster the formation of the Community Care Coordination Collaborative. This collaborative brings together programs from across the state that use and support the Community Care Coordination model. This forum, helped along by the CAP grant, allows for Community Care Coordination programs to network and work towards solutions for sustainability and certification.

The outreach model in Ohio has made further significant progress with passage of Ohio's budget bill (House Bill 95) in July that brought into being a new profession – Community Health Workers (CHWs). Senator Bill Harris

sponsored the legislation. The legislation spells out the process through which the Ohio Board of Nursing will certify CHWs as well as functional guidelines. The legislation includes provisions that encourages CHWs to advance their careers if desired, including the ability to apply some of the course work to nursing or social work, and spells out the qualifications, responsibilities and supervision of persons in this position. For more information about this program, please contact Mark Redding at reddingz@worldnet.att.net.

Gateway to Care

Houston, Texas

Houston grantee, Gateway to Care, is using an exciting new model that is working with some of the community's uninsured population. The Neighborhood Health Center opened its doors on Monday, August 25, 2003. The Center is designed to serve uninsured individuals in need of a "medical home" for their ongoing health care needs. It is open 72 hours per week, with weekday hours of 7:00 a.m. to 7:00 p.m. and weekend hours of 9:00 a.m. to 3:00 p.m. The Neighborhood Health Center is a program of Memorial Physicians of Texas and the Memorial Hermann Healthcare System, a member of the Gateway to Care HCAP collaborative.

The cost of an office visit and/or procedure is \$45.00 for the professional fee. Other services

are offered at fees that are priced slightly over cost. These services include therapeutic injections, lab procedures, splints, etc. The Center participates in the Vaccine for Children Program and provides immunizations at no charge to established pediatric patients. Patients are informed of the cost of additional items prior to receiving them so that they may choose whether or not to receive the service.

Medications are also prescribed with a concern for cost. Providers write prescriptions for medications that are cost effective and available in a generic product, whenever possible. Providers discuss with patients the usual cost of a medication at the time of the visit so that, if the patient is unable to purchase all of the needed medications at that time, the patient and the provider can determine which medication(s) is most important.

The Neighborhood Health Center hopes to be a prototype for affordable health care in Houston. Once the Center reaches full capacity, it will be a self-sufficient operation. Other health care organizations will be encouraged to establish similar facilities to help Houston's uninsured population access primary care in an appropriate, on-going fashion. For more information on this program, please contact Ronald Cookston at Ronald_Cookston@hchd.tmc.edu.

GRANT OPPORTUNITIES AND AWARDS

Institute for America's Health Seeks Community-Based Organizations

Deadline: Rolling

The Institute for America's Health (IAH) is seeking community-based organizations to implement fully-funded pilot/demonstration projects addressing the epidemic of childhood obesity and overweight. IAH, along with its partner, i⁴ Learning, have developed "best practice" multidisciplinary educational programs targeting 8-to-12-year-olds that emphasize physical activity, nutrition, substance abuse and overall wellness, while promoting academic excellence. IAH will provide this demonstration program to participating community organizations *at no cost*, along with professional development and a thorough scientific evaluation. If you are interested in taking part, please contact Paul DePonte at

pdelponte@hydeparkcomm.com or at 202.872.4860.

Funds for New Transportation Technologies to Access Health

Deadline: Rolling

HCAP communities seeking to adopt new transportation technologies to enhance access to health care may apply for additional funds and technical assistance from The Federal Transit Administration (FTA) at the Department of Transportation. Further information and request for grant proposals may be viewed at: <http://www.fta.dot.gov/research/fleet/its/otrft.html>. Technical questions or concerns may be directed to Mr. Ronald Boenau or Mr. William Wiggins at 202-366-4995 or via e-mail at Rural.RFP@fta.dot.gov.

RGK Foundation Awards

Deadline: Rolling

RGK Foundation awards grants for programs that promote the health and well-being of children and families. Grants typically range from several thousand to \$150,000. While applications are accepted on an ongoing basis,

the committee reviews applications for more than \$50,000 only four times a year. Interested applicants can complete an electronic letter of inquiry from the RGK Web site. If interested, RGK will contact you within three weeks, inviting you to submit a formal proposal: www.rgkfoundation.org/guidelines.php.

CONFERENCES, PROGRAMS, AND OTHER NEWS

Volunteers in Health Care Teleworkshop

December 16th, 2003, 2pm Eastern Time

The following VIH Teleworkshop, *Communicare: A Statewide Model of Care*, may be of interest to grantees. During this workshop, participants will have the opportunity to learn more about the Communicare program in South Carolina. Established in 1993, Communicare is designed to provide access to health care for the working poor of South Carolina. The Communicare delivery system brings together a referral network of more than 2,000 volunteer doctors, dentists, nurse practitioners, along with hospitals, and clinics to provide health care at no charge to Communicare patients. Additionally, Communicare has established partnerships with eight pharmaceutical companies that have agreed to donate their products to Communicare patients in a central fill pharmacy.

If you are interested in hearing more about the Communicare model, and would like advice on recruiting and retaining clinical volunteers, managing statewide networks, and approaching pharmaceutical companies for donations, this workshop is for you. **Registration for this call opened in mid-November.** For further information, please visit: <http://www.volunteersinhealthcare.org/>.

Symposium on Minorities, the Medically Underserved & Cancer

March 24-28, 2004, Washington, D.C.

The 9th Biennial Symposium on Minorities, the Medically Underserved & Cancer will take place

at the OMNI Shoreham Hotel in Washington, D.C. from March 24-28, 2004. The deadline for abstracts is December 5, 2003. There are two separate tracks, professionals and students. Students include undergraduate and graduate (including medical, nursing, allied health, etc.). The Symposium also has a mentoring program for students. The deadline for scholarship requests is December 1, 2003.

To learn more about the 9th Biennial Symposium on Minorities, the Medically Underserved & Cancer, or to obtain an exhibitor prospectus, please call Tel: 713.798.4617 or toll-free 1.877.BIENNIAL (1.877.243.6642) or E-mail: symposium@iccnetwork.org. Additional information can also be found at: <http://iccnetwork.org/symposium/>.

Dental Care Grants Awarded

Obtaining needed dental services could soon become a little easier for some low-income individuals, thanks to nearly \$240,000 in grants awarded to eight community organizations. The organizations are receiving funds from "Community Collaborations to Increase Oral Health Care Access," a partnership between Volunteers in Health Care, the American Dental Association, and the American Dental Association Foundation.

The awards will back projects to help expand the access of low-income and underserved children and their families to oral health care services. For more information, check out www.volunteersinhealthcare.org.

Stability in Coverage of the Uninsured

A Commonwealth Fund-supported study, "Battery-Powered Health Insurance? Stability in Coverage of the Uninsured," published in the recent issue of the journal *Health Affairs*, finds that 85 million Americans had no health insurance at some point between 1996 and 1999. This is more than double the number uninsured at any one point or in any one-year during this period and also nearly double the 43.6 million Americans recently estimated by the Census Bureau to have been without coverage in 2002.

According to the study, nearly two of five (38%) Americans under age 65, and more than two-thirds (68%) of those with low incomes, lacked health coverage at some point within the study timeframe. The article, together with a companion Issue Brief, reveals that this larger figure is a result of "churning," the process by which millions of people cycle on and off coverage.

Other major findings included that minorities were at high risk for experiencing gaps in coverage and having an extensive time without insurance. Half (50%) of African Americans and three of five (61%) Hispanics were uninsured during the 1996-99 period. Among those with low incomes, Hispanics stood out for high uninsured rates and for the number of months uninsured. Young adults were also at high risk, with over half uninsured during this time. The full text of the article is available on the Health Affairs website at: <http://www.healthaffairs.org/CMWF/splashshort.htm>.

Charity Care and Quality

Two-thirds of primary care internists in private practice help their uninsured patients by reducing or waiving fees for office visits, according to a new study in *Health Affairs* conducted by researchers at the New York Academy of Medicine and the International Longevity Center-USA. The study found, however, that internists are concerned about their ability to continue supplying high quality care to the uninsured. As reported in "Care for

the Uninsured in General Internists' Private Offices," charity care alone cannot adequately address the needs of rising numbers of uninsured Americans. To find out more about the care being provided to the nations uninsured by internists across the country, read the full text of the article, available on the *Health Affairs* website at <http://content.healthaffairs.org/cgi/content/abstract/22/6/217>.

Lack of Health Insurance a Growing Concern for Hispanics

Nearly two-thirds (65%) of low-income, working-age Hispanics were uninsured for all or part of the year in 2000, compared with less than half of low-income, working-age blacks (49%) and whites (48%), according to a new analysis from The Commonwealth Fund. Nearly half (45%) of all Hispanics under age 65 were uninsured at some point during that year, compared with 35 percent of blacks and 22 percent of whites.

The analysis, *Insurance, Access, and Quality of Care Among Hispanic Populations: 2003 Chartpack*, also reveals that uninsured Hispanics have lower rates of certain kinds of preventive care compared with other groups. For example, among uninsured adults with diabetes (ages 18 to 64), just 39 percent of Hispanics had annual foot exams, compared with 62 percent of African Americans and 54 percent of whites. Sixteen percent of uninsured Hispanic men ages 40 to 64 received prostate exams, compared with 29 percent of uninsured blacks and 23 percent of uninsured whites in that age range.

The chartpack, by Fund senior analyst Michelle M. Doty, profiles health insurance rates over time among Hispanic populations; examines the links between lack of insurance, access to health care, and use of preventive services; and documents the extent to which limited English language proficiency undermines patients' communication with their health care provider. It is available at: http://www.cmwf.org/programs/minority/doty_hispanicchartpack_684.pdf.

WEB RESOURCES

HRSA Pilot Mapping Tool

The Health Resources and Services Administration (HRSA) Pilot Mapping Tool is an easy-to-use internet mapping interface, which allows users to: interactively create maps that display HRSA grant awards and other data; provides applicants of HRSA's programs the ability to create maps to include in grant applications; and may assist grantees and other stakeholders in locating other potential partners (mental health, primary care resources, etc.), among other uses. The mapping tool also provides the ability to visualize multiple data layers interactively. The mapping tool is available at: <http://128.206.25.202/index.html>.

Health Research and Educational Trust's (HRET) New Site

The Health Research and Educational Trust (HRET) has launched its newly designed and information-rich website where you can find information on: the latest national and statewide trends in employer-sponsored health insurance; models and tools for improving patient and medication safety; new research and articles on health disparities and improving health outcomes; and other resources for responding to community and population health needs. For more information, visit: www.hret.org.